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North Riding of Yorkshire County Council.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1936.

PREFACE.

I have the honour to present the Annual Report of the School Medical Officer for the year 1936 ; and, in doing so, I should like to pay tribute to the excellent work done by my predecessor in his long and faithful service to the Education Committee.

Dr. H. Mason, who died in April, 1936, had been associated with the School Medical Service in the North Riding for 24 years, and during 13 years of this period he was School Medical Officer. Without belittling his excellent work in other branches of preventive medicine, it would be accurate to say that Dr. Mason's wide experience and sound clinical knowledge were directed particularly to the care of the school child, more especially those unfortunate enough to be physically or mentally defective. No one appreciated the value of the School Medical Service more than he did ; and his intense interest in its working is perhaps best manifest in his official papers from which it is evident that he looked forward to an extension of the medical and dental work in the North Riding and had given consideration to the advances which he considered were desirable for the benefit of the school child.

During the year 1936, the work was continued on the lines set forth in previous reports. The findings of medical inspection indicated a decided improvement in the percentage of children found to require treatment in the "intermediate" and "leaver" groups of elementary school children ; the percentage of "entrants" found to require treatment was, however, practically the same as for the previous year.

There was an improvement in the nutrition of the children probably due to the better industrial conditions and to the development of the scheme for providing milk in schools.

In so far as the dental scheme is concerned, more treatment was undertaken than during the previous year, more especially of a conservative nature. The high percentage of parents who accept dental treatment for their children indicates the popularity of the scheme.

In conclusion, I wish to acknowledge very gratefully the loyal and willing help which has been given to me by all members of the Health Department, professional and clerical, since I came to the Riding in September, 1936.

A. DAVIDSON,
School Medical Officer.

March, 1937.

GENERAL STATISTICS.

Population of Elementary Education Area (1931 Census)	..	..	289,109
(i) No. of Elementary Schools	..	..	375
Provided	..	..	128
Non-Provided	..	..	247
Total number of departments	..	..	413
No. of children on registers, 31st March, 1936	..	..	37,747
No. of children in average attendance, 31st March, 1936	..	..	35,121
(ii) No. of Secondary Schools (provided and non-provided)	..	..	13
No. of Secondary pupils on registers, 31st March, 1936	..	..	2,706

The Education Committee of the County Council is responsible for Higher Education in the whole of the Administrative County, and for Elementary Education for the same area with the exception of the Municipal Borough of Scarborough.

CO-ORDINATION.

The School Medical Officer is also County Medical Officer of Health and Medical Adviser to the Public Assistance and Mental Deficiency Committees. This combination of duties ensures the closest co-operation between the various Committees concerned with the physical and mental well-being of children.

Co-ordination is further secured in each of the following districts, where the Assistant School Medical Officer is also Medical Officer of Health :—

Borough of Thornaby-on-Tees ; Urban District of Eston ; Urban and Rural Districts of Whitby.

STAFF.

The Staff is numerically the same as during the previous year ; an assistant medical officer and a nurse, who resigned, were re-placed. At the end of the year the staff comprised :—

6 Assistant Medical Officers.
6 Dental Surgeons.
3 Dental Nurses.
3 Dental Attendants.
15 Whole-time Nurses (13 of whom have health visiting duties also).

The whole-time nursing staff operates mainly in the Cleveland Area, and elsewhere the work of school nursing and health visiting is undertaken by arrangement with District Nursing Associations. This arrangement is convenient and economical in the rural districts, and has the advantage that the nurse, who is the district midwife, may supervise the child from birth to school leaving age. Moreover, the knowledge which she acquires, of the families and their circumstances, is a valuable asset to the public health services.

During 1936, new District Nursing Associations were established in two areas, while ten associations extended their areas. Altogether, 63 district nurses employed by District Nursing Associations undertook duties on behalf of the Education Committee. At the end of the year, new Associations were in process of formation, and an extension of the arrangement between Associations and the Education Committee may be anticipated.

ELEMENTARY SCHOOLS.**(i) NUMBERS AND ATTENDANCES.**

There were 375 elementary schools at the end of the year ; this figure represents a reduction of 4 schools compared with the previous year ; the number of departments was 413—*i.e.* 3 less than the previous year.

One new senior school, Whitby West Cliff Senior Council School, was opened during the year, while the following five schools were closed :—

Cundall with Norton-le-Clay C.E. ; Teesport Temporary Cl. ; Lartington R.C. ; Lasingham Cl. ; Thirkleby C.E.

(ii) SCHOOL HYGIENE.

During the year, the Assistant School Medical Officers inspected the school premises at their routine inspections, and conditions requiring attention were reported to the Secretary for Education.

MEDICAL INSPECTION.

The work of medical inspection was carried out by 6 Assistant Medical Officers, each of whom was responsible for an area of the Riding ; the age groups examined were those prescribed by the Board of Education, viz :—

- (i) Entrants.
- (ii) Intermediates—children aged 8 years.
- (iii) Leavers—children aged 12 years, and those who, for any reason, missed the routine examination at the age of 12 years.

Table I. in the appendix gives the numbers of children examined in the various age-groups.

During 1936, the total number of elementary school children examined was 12,089, compared with 11,928 for the previous year, while the total number of special inspections and re-inspections was 23,028, compared with 27,021 in 1935.

These comparative figures are interesting from two points of view. Firstly, more routine medical inspections were undertaken in 1936 than in 1935, although there was a reduction in the number of children attending elementary schools. Secondly, in comparing the two years, fewer special inspections and fewer re-examinations were necessary during the year under review; this fact is more important when it is remembered that these special inspections refer to children specially brought forward by teachers, nurses, school enquiry officers, and from other sources, while re-inspections refer to children who are scheduled at previous inspections as in need of treatment for defects.

FINDINGS OF MEDICAL INSPECTION.

Diseases and Defects.

Of the 12,089 elementary school children examined at routine medical inspections, 1,962, or 16·23 per cent., were found to be suffering from diseases or defects (not including nutrition, dental caries, or uncleanness), which required treatment. The distribution of these 1,962 children in age-groups is given below (figures for previous year are given in brackets) :—

Group.	Number of children				Percentage of children found to require treatment.	
	Inspected.		Found to require treatment.			
Entrants ..	4,096	(4,143)	692	(702)	16·89	(16·94)
Intermediates ..	4,001	(3,702)	662	(682)	16·54	(18·42)
Leavers ..	3,992	(4,083)	608	(682)	15·23	(16·70)
Total ..	12,089	(11,928)	1,962	(2,066)	16·23	(17·32)

It is interesting to compare the Statistics of the North Riding with those for England and Wales; the following figures give the comparison of the annual percentage of children found to require treatment during the past ten years :—

Year.	North Riding.	England & Wales.	Year.	North Riding.	England & Wales.
1927	20·48	20·6	1932	20·06	18·8
1928	22·60	20·7	1933	17·51	17·3
1929	21·71	20·8	1934	16·91	17·3
1930	21·43	20·9	1935	17·32	17·7
1931	21·25	20·0	1936	16·23	*

* Not yet available.

These figures show that the percentage of children found to require treatment during 1936 is the lowest for the last ten years, even allowing for the exclusion of the figures for nutrition, which were included in previous years; there is the fact, however, that the reduction in 1936 is mainly associated with the “intermediate” and “leaver” groups, whereas the percentage of “entrants” found to require treatment is practically the same as for 1935.

Table II. gives details of the diseases and defects found at routine and special medical inspections, and it indicates that the 1,962 children found to require treatment at routine inspections had 2,046 defects:

The largest single groups of defects were those associated with the eye and the nose and throat; between them, these groups contributed 1,418 or 69·3 per cent. of the total defects, almost in equal proportion. These groups also formed the bulk of the defects scheduled under special inspections.

Nutrition of the School Child.

Special attention was again given during the year to the nutrition of the school child, and the reports of the Assistant School Medical Officers indicate that the nutrition of the school children in the Riding is satisfactory. While better industrial conditions have played an important part in maintaining the nutritional standard of the children, the scheme for the provision of milk in schools has also had a beneficial effect.

The classification of all the children examined at routine medical inspections in terms of nutritional state is given in the following table, which also gives the comparison with previous years :—

	Number of children examined.	Excellent.	Normal.	Slightly Subnormal.	Bad.
1936	12,089	1,270 10·51%	10,237 84·68%	578 4·78%	4 0·03%
1935	11,928	1,176 9·86%	10,147 85·07%	598 5·01%	7 0·06%
1934	12,853	899 6·99%	11,511 89·56%	436 3·39%	7 0·05%
1933	13,103	782 5·96%	11,793 90·00%	521 3·97%	7 0·05%
1932	13,696	799 5·83%	12,380 90·39%	510 3·72%	7 0·05%
1931	12,364	382 3·08%	11,349 91·79%	629 5·08%	4 0·03%
1930	12,209	541 4·43%	10,861 88·95%	799 6·54%	8 0·06%
1929	13,267	735 5·54%	11,757 88·61%	769 5·79%	6 0·04%
1928	14,224	681 4·78%	12,832 90·22%	701 4·92%	10 0·07%
1927	13,367	613 4·50%	12,058 90·20%	684 5·11%	12 0·08%
1926	12,590	541 4·20%	11,501 91·35%	543 4·30%	5 0·03%

As there is no accepted standard for normal nutrition, the classification of a child according to nutritional state is the expression of the examining medical officer's opinion. This being so, it is difficult to assess the value of these figures, as they incorporate the opinions of several medical officers. Any variation in assessment, however, would probably be associated with the "Slightly subnormal" and "Bad" groups; and therefore it may be assumed that as the "Excellent" and "Normal" groups (95·19 per cent.) show a slight improvement, the nutrition of the school children has been maintained during the year. Some confirmation may be obtained from Table II., in which a reduction is shown in the figures relating to anaemia, lung conditions, tuberculosis, and rickets—diseases associated with poor nutrition.

For purpose of comparison, the returns of the Assistant Medical Officers have been classified into two groups—(i) Industrial Area (comprising Cleveland Area), and (ii) Rural Area (comprising the Whitby, York and Northallerton areas for medical inspection).

	Nutrition Satisfactory. (Excellent and Normal).	Nutrition Slightly Subnormal.	Nutrition Bad.
(i) Cleveland	94·41%	5·56%	0·03%
(ii) Rural	95·92%	4·05%	0·03%
(iii) North Riding	95·19%	4·78%	0·03%
(iv) England & Wales (1935) ..	88·7 %	10·6 %	0·7 %

In the absence of a uniform standard of comparison, conclusions from these figures must be made with great reservation, but it may be expressed in general terms that there is only a very slight difference in nutrition between the rural and urban school children in favour of the former, but in neither is the nutritional condition of the children bad.

Cleanliness.

In the course of the year the school nurses made 136,313 inspections, visiting each school on an average 5 times. There was a marked improvement in the condition of the children compared with the previous year, but still there were some children whose condition was so bad that exclusion from school was necessary. During 1936, the number of children excluded on account of verminous conditions of the head or body was 29, compared with 51 for the year 1935.

No proceedings were taken against any of the 29 parents on the grounds that their children attended school in a dirty and neglected condition. The parents, on being informed of their liability, took steps to improve the condition of their children.

While there is an undoubted improvement in the state of cleanliness of the children, there are yet the few incorrigible parents who require the constant vigilance of the school nurses.

The following table gives the annual statistics of the work done under this heading since 1929 :—

Year.	No. of Nurses.	No. of Visits.	No. of Children Examined.	Verminous Conditions.			Neglected and Dirty.	Contagious Conditions.			Other Conditions.	Visits to Homes
				Heads.	Nits.	Bodies and Cloth'g.		Ring-worm.	Scabies.	Impetigo.		
1936	78	2,170	136,313	199 ·14	3,674 2·69	29 ·02	682 ·50	61 ·04	68 ·04	512 ·37	1,306 ·95	2,259 1·65
1935	78	2,186	141,508	303 ·21	4,659 3·29	52 ·04	605 ·43	76 ·05	27 ·02	493 ·35	1,447 1·02	2,206 1·56
1934	75	2,102	141,045	306 ·21	4,637 3·28	92 ·06	528 ·37	70 ·04	25 ·01	361 ·25	1,384 ·98	2,487 1·76
1933	74	2,055	146,308	200 ·13	5,151 3·52	75 ·05	607 ·41	43 ·02	36 ·02	304 ·20	1,286 ·87	2,487 1·69
1932	74	2,204	142,003	421 ·29	4,765 3·35	104 ·07	694 ·48	57 ·04	49 ·03	324 ·22	1,392 ·98	3,013 2·12
1931	73	2,136	129,045	348 ·26	5,625 4·35	84 ·06	914 ·7	87 ·06	42 ·03	493 ·38	1,415 1·09	2,896 2·24
1930	70	1,910	125,777	205 ·16	6,037 4·79	52 ·04	991 ·79	53 ·04	75 ·05	593 ·47	1,584 1·25	3,144 2·49
1929	66	1,847	122,593	309 ·25	5,487 4·47	49 ·03	847 ·69	40 ·03	44 ·03	544 ·44	1,365 1·11	2,314 1·88

Clothing and Footwear.

As a result of their observations at routine and special inspections, the Assistant Medical Officers considered that the children, on the whole, were adequately clothed. There were, however, one or two areas where a few of the children had unsatisfactory boots. It need hardly be mentioned that such a handicap in wet weather means that the unfortunate child's resistance to illness is reduced by sitting in a classroom for a long period with cold, wet feet.

The teachers have been very helpful in assisting necessitous children to obtain satisfactory footwear, while at Thornaby-on-Tees the Mayor has a fund from which needy children are supplied with footwear free of cost.

Minor Ailments.

The parents of children, in whom a defect is discovered at medical inspection, are advised in the first instance to take the child to the family doctor. Where parents for any reason are not able to obtain treatment, arrangements are made for the child to have it, where possible, through the schemes of the Education Committee. In regard to minor ailments, which, in the absence of School Clinic facilities, would probably go untreated, arrangements are made for medical attendance at the various school clinics. The more common affections treated at the clinics are impetigo, septic sores, skin disease, bruises, ear discharge, etc.

During the year, 8,212 children attended the clinics for minor ailments; the number of re-visits amounted to 16,292.

The following table gives the particulars of the conditions necessitating attendance at the clinics :—

Condition for which children attended the School Clinic.	Number of first visits.		Number of re-visits.	
Scabies	97	(75)	373	(242)
Impetigo	664	(557)	1,436	(924)
Ringworm	94	(90)	402	(294)
Verminous conditions	33	(32)	102	(150)
Minor Injuries	3,740	(3,857)	7,416	(5,448)
External Eye Disease	567	(577)	1,880	(2,832)
Ear Discharge and Deafness	392	(404)	2,344	(2,355)
Nose and Throat	551	(649)	341	(285)
Vision	290	(311)	107	(140)
Heart and Circulation	57	(18)	66	(42)
Lungs	136	(253)	114	(214)
Nervous System	53	(48)	104	(121)
Tuberculosis	22	(34)	77	(73)
Skin (Non-Contagious)	123	(156)	275	(373)
Other conditions	1,393	(1,261)	1,255	(1,436)
Total	8,212	(8,322)	16,292	(14,929)

Figures in brackets are those of the previous year.

Visual Defects and External Diseases of the Eye.

During the routine inspections 595 children were found to require examination by the ophthalmic surgeons ; in addition, 20 children with squint were referred for treatment. The corresponding figures for 1935 were 583 and 48 respectively.

Enlarged Tonsils and Adenoids.

This group of cases and that of visual defects form the largest collection of defects found at routine inspections. During 1936, the number of children found to be in need of treatment for tonsils and adenoids was 549, as compared with 514 in the previous year.

Ear Discharge and Deafness.

There was a slight improvement in the number of cases of ear discharge and deafness found at medical inspection. Purulent discharge was reported in 43 children as compared with 49 for the previous year. Impairment in hearing was noted in 15 children.

Crippling Defects and Deformities.

The continuing reduction in the number of children suffering from crippling defects and deformities was a pleasing feature of the routine inspections. At these inspections 39 children were referred for examination to the Orthopaedic Clinics as compared with 63 for the previous year. Only 8 of these cases were considered to be due to rickets, whereas there were 23 such cases in 1935. There were 10 children suffering from spinal curvature, and in 21 cases the disability was due to other causes.

Tuberculosis.

It is gratifying to record that among the 12,089 children examined in the three routine age-groups, only 3 children were found to have tuberculosis, and in glandular form. This figure is all the more striking since all children who have the slightest suspicion of tuberculosis are referred to the Tuberculosis Officer, who, in addition to securing treatment for the definite cases, kept 8 under observation. Moreover, there was an appreciable reduction in the number of cases recommended for special examination. No child among the "specials" examined was scheduled as suffering from pulmonary tuberculosis, and there was only 1 suspected case ; during the previous year there were 7 definite cases, and 12 suspected. There was also a reduction in the figures for non-pulmonary tuberculosis ; in this type, only 11 cases occurred, compared with 27 for the previous year.

Diseases of the Skin.

Only 2 cases of ringworm of the scalp were reported as a result of the routine medical inspection, while in 3 cases the disease affected the body. In addition, there were 15 cases of scabies (itch), and 41 cases of impetigo contagiosa.

FOLLOWING UP.

It is the duty of the School Nurse to follow-up cases and encourage the parents to obtain the treatment recommended at medical inspection. This duty is of extreme importance, and becomes one of the most important functions of the School Nursing Service.

In connection with the work of "following-up," 11,940 home visits were undertaken, as compared with 12,176 in the previous year.

The following table gives the details of the number of defects found for which treatment was necessary, and the number of home visits paid by the School Nurses :—

Condition.	No. of defects found for which treatment was considered necessary.		No. of home visits by School Nurses.	
Cleanliness of head	16	(24)	43	(60)
Cleanliness of body	5	(6)	6	(15)
Nutrition	48	(15)	115	(32)
Nose and Throat	1,422	(1,190)	2,867	(2,704)
External Eye Disease	96	(87)	247	(257)
Ear Disease	134	(149)	364	(459)
Teeth	73	(80)	185	(182)
Heart and Circulation	113	(114)	237	(272)
Lungs	327	(417)	692	(1,077)
Nervous System	54	(47)	113	(115)
Skin	42	(43)	105	(78)
Rickets	34	(41)	80	(89)
Deformities	85	(77)	176	(197)
Tuberculosis	33	(32)	88	(80)
Speech	6	(1)	13	(3)
Mental Condition	8	(8)	27	(33)
Vision and Squint	2,382	(2,235)	6,201	(6,221)
Hearing	22	(20)	81	(58)
Miscellaneous	137	(116)	300	(244)
Total ..	5,037	(4,702)	11,940	(12,176)

NOTE.—Some of these cases are carried over from 1935 so that the totals do not coincide with those in the table at the end of the report, which apply to 1936 alone.

ARRANGEMENTS FOR TREATMENT OF DEFECTS.

Defective Vision and Squint.

Two part-time Ophthalmic Surgeons are employed, and Eye Clinics are held at various Centres in the Riding. During the year 166 sessions were held for the examination of children with defective eyesight referred by the Assistant School Medical Officers. The number of children sent to Ophthalmic Surgeons was 1,205, that is, 25 more than for the previous year.

Spectacles were recommended for 958 children ; at the end of the year all these children had been supplied with spectacles with the exception of 57. In addition to the children examined through the School Ophthalmic Clinics, 139 children were examined privately, and spectacles provided.

The returns of the Ophthalmic Surgeons have been analysed in terms of the various types of visual error, and the analysis is shown in Table I. below.

TABLE I.

Hypermetropia (Longsightedness).	Myopia (Shortsightedness).	Simple Hypermetropic Astigmatism.	Simple Myopic Astigmatism.	Compound Hypermetropic Astigmatism.	Compound Myopic Astigmatism.	Mixed Astigmatism.	Total prescribed for.	Spectacles not prescribed.	Total Attendances.
263 (291)	125 (146)	85 (71)	27 (37)	280 (252)	76 (102)	102 (116)	958 (1015)	247 (165)	*1205 (1180)

* Including 169 cases of Squint.
(185)

Figures in brackets are those of the previous year.

Spectacles were not provided in 217 cases ; Table II. below gives an analysis of the various conditions from which these children suffer.

TABLE II.

Spectacles unnecessary or present spectacles suitable.			* Amblyopia.					Spectacles useless.				Total.
Re-examination. No change necessary, No error or slight error of refraction. Referred for further examination.			Squint.	Corneal Opacity.	Chronic Choroiditis.	Retino Choroiditis.	Old Keratitis.	Cataract.	Old injuries.	Optic Atrophy.	High Myopia.	
67	135	21	3	4	1	1	2	3	5	1	4	247

* Amblyopia—defective vision which cannot be relieved by spectacles.

Enlarged Tonsils and Adenoids.

There are 10 Centres at which treatment of enlarged tonsils and adenoids is provided by the Education Committee. These Centres are as follows :—

Cleveland Cottage Hospital, Brotton.
 “Brynteg” Nursing Home, Middlesbrough.
 Darlington War Memorial Hospital.
 Guisborough Admiral Chaloner Hospital.
 Harrogate and District General Hospital.
 Malton Cottage Hospital.
 Northallerton Rutson Hospital.
 Scarborough Voluntary Hospital.
 Whitby War Memorial Cottage Hospital.
 York County Hospital.

During the year under review, 244 children received operative treatment as compared with 208 in 1935; in addition, 120 children received treatment from the family Doctor or through schemes of local hospitals.

Other forms of treatment were given to 243 children.

Ear Disease.

Cases of ear disease coming to the notice of Assistant School Medical Officers in the Cleveland Area may be referred to South Bank Clinic where an Aural Surgeon attends for consultation. This special clinic held 8 sessions during the year, and 113 children attended for examination or re-examination by the Specialist. Any treatment recommended is supervised by the School Nurses, and the results have been so encouraging that similar facilities are contemplated for the Thornaby District.

Crippling Defects and their Treatment.

The Orthopaedic Scheme in the Riding centres around the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside, and clinics are held in various parts of the Riding. The Medical Superintendent and Orthopaedic Nurses from the Hospital attend at these clinics. In spite of the geographical difficulties of certain districts, these clinics serve the Riding with very little difficulty.

The following is a summary of the work of the Clinics :—

	Public Health Committee.		Education Committee.	
	Non-tuberculous cripples under the age of 5.	Tuberculous cases of all ages up to 16.	Non-tuberculous cases of crippling amongst children between the age of 5 and 16.	
No. of 1st Attendances ..	48 (81)	14 (10)	86	(106)
Re-Attendances ..	359 (339)	165 (175)	1,437	(1,680)
Totals ..	407 (420)	179 (185)	1,523	(1,786)

The figures in brackets are those for 1935.

During the year 47 children were treated at the Orthopaedic Hospital, Kirbymoorside, for the following conditions :—

Infantile paralysis	12	Congenital dislocation of the hip	2
Deformed feet	6	Arthritis ..	2
Old injuries	5	Old tuberculosis of the hip ..	1
Scoliosis	5	Pseudo coxalgia ..	1
Flat feet	4	Perthe's disease ..	1
Deformed hands	3	Wry neck ..	1
Little's disease	3	Coxa Vara ..	1

Dental Scheme.

The Dental Staff now consists of six dental surgeons, and the work undertaken by these officers during 1936 is included in the following table which shows the total work accomplished since the commencement of the scheme in 1925 :—

	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Inspection aged 5	1,452	3,505	3,631	3,104	3,594	3,169	3,154	3,077	2,747	2,957	3,095	2,703
„ „ 6	1,270	4,069	4,478	3,848	3,625	3,319	3,259	3,386	3,033	3,144	3,388	2,826
„ „ 7	741	895	3,904	4,187	3,964	3,358	3,296	3,430	3,234	3,432	3,275	2,996
„ „ 8	—	408	1,018	3,448	4,178	3,509	3,458	3,343	3,153	3,555	3,305	2,849
„ „ 9	—	—	114	1,231	3,702	3,859	3,752	3,450	3,268	3,312	3,462	3,080
„ „ 10	—	—	—	262	1,639	3,399	3,890	3,802	3,142	3,601	3,448	3,089
„ „ 11	—	—	—	—	720	2,095	3,634	3,665	3,402	3,331	3,279	2,974
„ „ 12	—	—	—	—	—	569	2,325	3,013	3,304	3,528	3,170	2,656
„ „ 13	—	—	—	—	—	—	—	2,002	2,908	3,520	3,253	2,496
„ „ 14	—	—	—	—	—	—	—	—	—	—	1,244	910
Specials ..	53	446	566	103	95	163	636	505	644	1,010	—	—
Found to require treatment ..	3,320	7,898	11,255	12,482	17,645	19,230	21,391	23,557	23,628	25,654	25,512	21,935
Actually treated ..	983	4,272	6,872	9,827	8,523	12,873	13,664	17,579	17,985	18,200	19,189	19,130

The number of children inspected during 1936 was 26,579, and 19,130 received the necessary treatment. The corresponding figures for 1935 were 30,919, and 19,189 respectively. While the figures for 1936 indicate a reduction in numbers of children inspected and treated, further analysis shows that more treatment was undertaken, more especially of a conservative nature. A comparative table of extractions and fillings for the year under review and the previous year is as follows :—

Year	Extractions.	Fillings.
1935 ..	30,467	5,410
1936 ..	32,139	8,261

Of the 21,935 children found to require treatment during the year, 19,130 were actually treated. These figures compare favourably with the previous year in which the comparable figures were 25,512 and 19,189. The percentage acceptance for 1936 was therefore an improvement on that of the preceding year.

It has been possible to undertake more treatment by a more extensive use of the administration of gas; the number of cases in which gas was administered has increased during the year from 930 to 2,700. The development of this method of anaesthesia which permits of the extraction of many teeth at one sitting is of particular value in a rural area where the visits of the dental surgeon to schools are infrequent.

OPEN-AIR EDUCATION.

The following provisions for Open-Air Education are available :—

1. Playground Classes.

In a number of Schools, classes are taken in the playground from time to time.

2. School Journeys and Camps.

Arrangements were made by the Education Committee to hold a holiday camp at Runswick Bay during August, and senior children from Thornaby, South Bank, Eston, and Grangetown attended the camp. The maximum charge was 7/- for the Thornaby children, which included the cost of travelling; where the children lived nearer the site it was found possible to reduce the charge still further. In all, some 160 children attended camp for a week. There is no doubt that the children derived great benefit, both physically and socially, from their week under canvas, in addition to enjoying a very happy holiday.

In addition, school journeys and school camps were organised by teachers in connection with individual Schools, and approved by the Education Committee.

3. Open-Air Classrooms in Public Elementary Schools.

List of Schools where there are semi-open-air classrooms, *i.e.*, the front windows are composed of glazed folding partitions:—

Eston Grangetown Sir Wm. Worsley Council Senior School.
 Eston Teesville Council School. (2 rooms out of 5).
 New Earswick Undenominational School.
 Redcar John Emmerson Batty Council School. (6 rooms out of 8).
 Thornaby Robert Atkinson Council Central School. (4 rooms out of 10).
 Thornaby Village Infants' and Junior School.
 York, Clifton Without Junior and Infants' School.

In all the above cases these special windows face South.

4. Day Open-Air Schools.

There are no Day Open-Air Schools in the Riding, but a few children requiring education in an Open-Air School have been sent to York.

5. Residential Open-Air School.

There is no Residential Open-Air School in the Riding.

INFECTIOUS DISEASES.

It was found necessary during the year to close 61 schools on account of the prevalence of infectious disease; in every instance the closure was advised by the Medical Officer of Health for the district:—

Disease.		No. of Schools.	
Scarlet Fever	.. ..	11	(16)
Whooping Cough	.. ..	7	(3)
Influenza	.. ..	1	(7)
Measles	.. ..	26	(13)
Chicken Pox	.. ..	3	(6)
Diphtheria	.. ..	6	(19)
Mumps	.. ..	6	(—)
Other Causes	.. ..	1	(—)
		61	(64)

Owing to the prevalence of sickness in the district, the attendance of the scholars fell to less than 60% in 108 schools, and certificates were issued in accordance with the provisions of the Elementary Education Provisional Code.

Disease.		No. of Schools.	
Measles	.. ..	38	(14)
Whooping Cough	.. ..	23	(2)
Influenza	.. ..	26	(12)
Scarlet Fever	.. ..	3	(15)
Chicken Pox	.. ..	8	(14)
Mumps	.. ..	8	(4)
Diphtheria	.. ..	—	(4)
Other Causes	.. ..	2	(2)
		108	(67)

During the year, 367 children were excluded from school for short periods owing to infectious or contagious conditions; this figure compares with 339 for the year 1935. The following are the particulars:—

Disease.		No. of Children.	
Ringworm (head and body)	.. ..	18	(13)
Contagious Skin Disease	.. ..	170	(222)
Verminous head and body conditions	.. ..	29	(51)
Other Causes	.. ..	150	(53)
		367	(339)

Special reports regarding the health of 19 children were made to the Secretary to the Education Committee; owing to permanent defects which made school attendance impossible it was recommended that their names be removed from the school register.

PHYSICAL TRAINING.

During the year the administration of Physical Training was transferred to the Secretary for Education and the following report has been prepared by the Organiser of Physical Training, working under his direction :—

The main obstacles in the way of successful Physical Training in the North Riding (as in the country as a whole) have been caused by a lack of teachers with the necessary qualifications, by unsatisfactory playgrounds, by a shortage of apparatus and by the unsuitable dress worn by so many of the children.

Some progress has been made towards the improvement of these conditions. Teachers throughout the Riding have been given practical courses of instruction on the syllabus issued in 1933 by the Board of Education. In addition, there have been two courses for teachers in Senior Schools, which were attended by 80 teachers. These courses have been followed up by visits to the schools.

In 19 cases unsatisfactory playgrounds have been repaired or improved, while portable gymnastic apparatus has been provided where accommodation was suitable and a qualified staff available. Difficulties of dress are gradually being overcome through the help and enthusiasm of the teachers.

In the evening institutes the subject continues to develop. There were forty-five classes during the session 1936-37 which could be generally classed under the heading of physical training; these included gymnastic work, Folk Dancing, and—most popular of all—Keep Fit classes.

Instruction in swimming is given to elementary school children wherever suitable facilities exist; in two schools successful galas were held. Voluntary organisations, such as Football and Netball leagues, continue to be well supported by the schools, while the local district and the North Riding Schools Athletic Meetings were again successful. Folk Dancing is another popular activity; one school in the Riding was invited to send a team to the National Folk Dance Festival.

Since the close of the year, the Education Committee has added to its organising staff and it is hoped that in future it will be possible to develop work among voluntary bodies.

SUPPLY OF MILK TO CHILDREN IN ELEMENTARY SCHOOLS.

There has been no alteration in the scheme for the supply of milk to school children.

At the end of the year there were 142 schools in which a Voluntary Milk Scheme was in operation. Approximately 9,000 children participated in this scheme, and 1,462,233 milk meals were supplied.

In addition, free milk was provided by the Education Committee at 106 schools at which 4,621 children were supplied with 866,109 bottles of milk.

All sources of supply were carefully investigated, and milk sampling was undertaken. In one case the supply of milk was found to be unsatisfactory, and new arrangements were made immediately this fact was discovered.

Designated milk is encouraged and, wherever possible, arrangements are made for Accredited or Pasteurised Milk. In several schools Tuberculin Tested milk is supplied.

The difficulty in the supply of milk to school children arises when the schools are closed. An effort was made during the Easter Vacation to supply the necessitous children in the whole of the Cleveland Area, and voluntary workers were enlisted for this purpose. The experiment was not a success, mainly because the children did not attend at school to receive their milk. Apart from this difficulty, the Milk in Schools Scheme has been a success, mainly through the invaluable co-operation of the teaching staff.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ENQUIRY OFFICERS, AND VOLUNTARY BODIES.

Parents are invited to attend at routine medical inspections; the percentage of parents who attended (26%) does not represent a favourable response to the invitation. Attendance of parents is particularly valuable, and it is somewhat disappointing that the response in the Riding is never very high.

On the other hand, the teachers have co-operated most loyally in the work of the School Medical Service, not only by exerting their personal influence with the parents, but assisting in the preparation for the medical and dental inspections.

The School Enquiry Officers render valuable assistance in investigating the family circumstances and in other matters.

The Scarborough Council of Social Welfare, which is a voluntary body, has, for many years, helped considerably by its co-operation in providing services for crippled children.

BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

The arrangements for the ascertainment of these children were continued as in the previous year.

BLIND.

The Education Committee maintained 13 children at the following Schools for Blind Children :—

Name of School.	Boys.	Girls.	Total.
Yorkshire School for the Blind, York	4	7	11
Royal Blind School, Sheffield	—	1	1
St. Vincent's Blind School, West Derby, Liverpool ..	1	—	1
	5	8	13

DEAF.

There were 21 children maintained by the Education Committee at the following Schools for Deaf Children :—

Name of School.	Boys.	Girls.	Total.
Yorkshire School for the Deaf, Doncaster	5	7	12
St. John's R.C. School for the Deaf and Dumb, Boston Spa ..	—	1	1
Stockton Day School for the Deaf	3	3	6
Middlesbrough Day School for the Deaf	1	1	2
	9	12	21

EPILEPTIC.

At the Home for Epileptics, Maghull, 3 epileptic children were resident during the year.

Name of School.	Boys.	Girls.	Total.
Home for Epileptics, Maghull	2	1	3

MENTALLY DEFECTIVE.

There were 4 mentally defective children under instruction at the following Special Schools :—

Name of School.	Boys.	Girls.	Total.
Beacon Residential School, Lichfield	1	—	1
Besford Court Catholic Mental Hospital, Worcestershire ..	2	—	2
Fulford Road Special Day School, York	—	1	1
	3	1	4

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 437 or 121 more children than in the previous year, were medically examined under the Employment of Children Bye-Laws.

CHILDREN AND YOUNG PERSONS ACT, 1933.

The number of children examined prior to their admission to approved schools was 25.

JUNIOR INSTRUCTION CENTRES.

There are four centres in the Riding, as follows:—

South Bank (Boys) ..	157 boys.	Scarborough (Girls) ..	70-80 girls.
South Bank (Girls) ..	85 girls.	Carlin How (Boys) ..	40 boys.

The numbers in attendance at these centres fluctuate, but it is calculated that 1952 young persons passed through these centres during the past year.

No routine medical or dental inspection took place, but the Assistant School Medical Officer and the School Dental Surgeon visited occasionally and examined any boy or girl brought to their notice by the Superintendent. While no arrangements existed for securing medical treatment, urgent dental cases were attended to. Free milk meals were provided, however, on the recommendation of the Assistant Medical Officers.

STATISTICAL SUMMARY.

ELEMENTARY SCHOOLS.

TABLE I.—Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	4,096
Second Age Group	4,001
Third Age Group	3,992
Total ..	12,089

Number of other Routine Inspections —

B.—OTHER INSPECTIONS.

Number of Special Inspections	5,822
Number of Re-Inspections	17,206
Total ..	23,028

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require Treatment (excluding Nutrition, Uncleanliness and Dental Diseases).

Prescribed Groups—

Entrants	692
Second Age Group	662
Third Age Group	608
Total ..	1,962

Other Routine Inspections —

ELEMENTARY SCHOOLS.

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1936.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	60	24	21	306
SKIN :				
Ringworm—Scalp	2	1	3	2
Body	3	—	4	—
Scabies	15	2	9	—
Impetigo	41	3	59	2
Other Diseases (Non-Tuberculous)	59	5	48	52
EYE :				
Blepharitis	56	4	49	58
Conjunctivitis	33	1	17	4
Keratitis	1	—	2	2
Corneal Opacities	2	1	2	6
Defective Vision (excluding Squint)	595	342	893	2,371
Squint	20	9	22	21
Other Conditions	4	2	14	8
EAR :				
Defective Hearing	15	14	27	33
Otitis Media	43	3	76	48
Other Ear Diseases	27	5	12	9
NOSE AND THROAT :				
Chronic Tonsillitis only	311	423	521	975
Adenoids only	44	50	64	61
Chronic Tonsillitis and Adenoids ..	194	25	500	113
Other Conditions	158	11	71	59
Enlarged Cervical Glands (Non-Tuberculous)	8	20	11	46
Defective Speech	1	33	2	35
HEART AND CIRCULATION :				
Heart Disease—Organic	16	50	5	268
Functional	6	20	1	6
Anaemia	30	16	33	74
LUNGS :				
Bronchitis	40	10	36	76
Other Non-Tuberculous Diseases	162	43	30	131
TUBERCULOSIS :				
Pulmonary—				
Definite	—	—	—	—
Suspected	—	1	1	1
Non-Pulmonary—				
Glands	3	2	5	18
Bones and Joints	—	2	4	15
Skin	—	—	—	3
Other Forms	—	3	2	12
NERVOUS SYSTEM :				
Epilepsy	3	3	10	18
Chorea	3	2	7	20
Other Conditions	4	10	14	50
DEFORMITIES :				
Rickets	8	7	4	24
Spinal Curvature	10	2	10	20
Other Forms	21	12	36	112
Other Defects and Diseases (excluding Nutrition, Uncleanliness and Dental Diseases)	108	63	140	414

ELEMENTARY SCHOOLS.

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	4,096	495	12.09	3351	81.81	249	6.08	1	0.02
Second Age-group	4,001	337	8.42	3491	87.33	169	4.22	1	0.03
Third Age-group	3,992	438	10.97	3392	84.97	160	4.01	2	0.05
Other Routine Inspections ..	—	—	—	—	—	—	—	—	—
Total ..	12,089	1270	10.51	10237	84.68	578	4.78	4	0.03

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Blind Children.

At Certified Schools for the Blind	13
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	1
	— 14

Partially Blind Children.

At Certified Schools for the Blind	—
At Certified Schools for the Partially Blind	—
At Public Elementary Schools	18
At other Institutions	—
At no School or Institution	9
	— 27

Deaf Children.

At Certified Schools for the Deaf	21
At Public Elementary Schools	2
At other Institutions	—
At no School or Institution	1
	— 24

Partially Deaf Children.

At Certified Schools for the Deaf	—
At Certified Schools for the Partially Deaf	—
At Public Elementary Schools	2
At other Institutions	—
At no School or Institution	1
	— 3

Mentally Defective Children.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children	4
At Public Elementary Schools	45
At other Institutions	—
At no School or Institution	41
	— 90

Epileptic Children.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Schools	3
At Public Elementary Schools	8
At other Institutions	—
At no School or Institution	16
	— 27

ELEMENTARY SCHOOLS.

Physically Defective Children.

A.—Tuberculous Children.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands).

At Certified Special Schools	17	
At Public Elementary Schools	1	
At other Institutions	—	
At no School or Institution	3	
	—	21

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools	45	
At Public Elementary Schools	22	
At other Institutions	—	
At no School or Institution	11	
	—	78

B.—Delicate Children.

At Certified Special Schools	2	
At Public Elementary Schools	47	
At other Institutions	—	
At no School or Institution	29	
	—	78

C.—Crippled Children.

At Certified Special Schools.	12	
At Public Elementary Schools	95	
At other Institutions	—	
At no School or Institution	11	
	—	118

D.—Children with Heart Disease.

At Certified Special Schools	1	
At Public Elementary Schools	56	
At other Institutions	—	
At no School or Institution	14	
	—	71

Children Suffering from Multiple Defects	5
--	---

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1936.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS. (excluding Uncleanliness, for which see Group VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN :			
Ringworm—Scalp	69	6	75
Body	25	2	27
Scabies	97	7	104
Impetigo	664	7	671
Other Skin Disease	123	34	157
MINOR EYE DEFECTS	567	49	616
(External and other, but excluding cases falling in Group II.)			
MINOR EAR DEFECTS	392	51	443
MISCELLANEOUS	5,133	64	5,197
(e.g. minor injuries, bruises, sores, chilblains, etc.)			
Total	7,070	220	7,290

ELEMENTARY SCHOOLS.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including Squint)	1,205	139	1,344
Other defect or disease of the eyes (excluding those recorded in Group I.)	—	—	—
Total ..	1,205	139	1,344
No. of Children for whom spectacles were—			
(a) Prescribed	958	139	1,097
(b) Obtained	901	139	1,040

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.												Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		(5)
9	2	233	—	30	9	74	7	39	11	307	7	243	607

(i) Tonsils only.

(ii) Adenoids only.

(iii) Tonsils and Adenoids.

(iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non- residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non- residential treatment at an orthopaedic clinic. (iii)	
	Number of children treated	47	—	335	—	—	

ELEMENTARY SCHOOLS.

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children who were :—

(i) Inspected by the Dentist :

Routine Age Groups		Aged.					
		5 ..		2,703			
		6 ..		2,826			
		7 ..		2,996			
		8 ..		2,849			
		9 ..		3,080			
		10 ..		3,089			
		11 ..		2,974			
		12 ..		2,656			
		13 ..		2,496			
		14 ..		910			
Total ..						26,579	
Specials						—	
				Grand Total ..		26,579	
(ii) Found to require treatment						21,935	
(iii) Actually treated						19,130	
(2) Half-days devoted to		{ Inspection ..		402 }			
		{ Treatment ..		2,073 }		Total ..	
						2,475	
(3) Attendances made by children for treatment						21,237	
(4) Fillings		{ Permanent Teeth ..		7,733 }			
		{ Temporary Teeth ..		528 }		Total ..	
						8,261	
(5) Extractions		{ Permanent Teeth ..		7,143 }			
		{ Temporary Teeth ..		24,996 }		Total ..	
						32,139	
(6) Administrations of general anaesthetics for extractions						2,700	
(7) Other operations		{ Permanent Teeth ..		1,045 }			
		{ Temporary Teeth ..		820 }		Total ..	
						1,865	

TABLE VI.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses ..	5
(ii) Total number of examinations of children in the schools by School Nurses ..	136,313
(iii) Number of individual children found unclean	2,926
(iv) Number of children cleansed under arrangements made by the Local Education Authority	—
(v) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Byelaws	—

AVERAGE HEIGHTS. (Elementary Schools).

ENTRANTS.

BOYS.

GIRLS.

Age Groups.	No. Measured.	Inches.	Centi- metres.	No. Measured.	Inches.	Centi- metres.
3-4 years	—	—	—	—	—	—
4-5 years	145	41·05	104·27	131	40·60	103·12
5-6 years	1,029	42·54	108·05	937	41·73	105·99
6-7 years	120	44·45	112·90	105	43·92	111·56

INTERMEDIATE AGE GROUP.

7-8 years	81	47·96	121·82	57	48·24	122·53
8-9 years	1,020	49·29	125·20	1,128	48·76	123·85

LEAVERS.

12-13 years ..	1,053	56·49	143·48	1,105	57·02	144·83
13-14 years ..	136	57·90	147·07	146	58·98	149·81
14 and upwards ..	5	57·85	146·94	6	63·08	160·22

ELEMENTARY SCHOOLS.

AVERAGE WEIGHTS. (Elementary Schools).

ENTRANTS							
Boys.				Girls.			
Age Groups.	No. Weighed.	Lbs.	Kilograms.	No. Weighed.	Lbs.	Kilograms.	
3-4 years	—	—	—	—	—	—	
4-5 years	145	38·90	17·64	131	37·41	16·97	
5-6 years	1,029	41·49	18·82	937	39·71	18·01	
6-7 years	120	44·64	20·25	105	43·29	19·64	

INTERMEDIATE AGE GROUP.							
7-8 years	81	52·38	23·76	57	50·31	22·82	
8-9 years	1,020	55·60	25·22	1,128	53·35	24·20	

LEAVERS.							
12-13 years ..	1,053	79·68	36·14	1,105	80·22	36·39	
13-14 years ..	136	85·63	38·84	146	90·15	40·89	
14 and upwards ..	5	88·55	40·17	6	107·96	48·97	

STATISTICAL SUMMARY.

SECONDARY SCHOOLS.

TABLE I.

A.—ROUTINE MEDICAL INSPECTIONS.

Age.	7	8	9	10	11	12	13	14	15	16	17	18	Total.
Boys ..	—	7	12	48	158	211	207	232	197	128	42	15	1,257
Girls ..	—	—	—	32	135	204	217	233	215	134	39	27	1,236
Totals ..	—	7	12	80	293	415	424	465	412	262	81	42	2,493

B.—OTHER INSPECTIONS.

Number of Specials inspected	..	..	..	32
Number of Re-inspections	..	..	..	702
Total	..			734

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require Treatment (excluding Nutrition, Uncleanliness and Dental Diseases).

Combined age-groups	..	..	..	268
Other Routine Inspections	..	..	..	—
Total	..			268

SECONDARY SCHOOLS.

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1936.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	1	5	1	2
SKIN :				
Ringworm—Scalp	—	—	—	—
Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	1	—	—	—
Other diseases (non-tuberculous) ..	22	5	1	2
EYE :				
Blepharitis	3	2	1	—
Conjunctivitis	3	—	—	1
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Defective Vision	127	94	58	187
(excluding Squint)				
Squint	—	—	—	—
Other conditions	1	—	—	—
EAR :				
Defective Hearing	3	2	2	3
Otitis Media	4	2	2	5
Other Ear Diseases	3	2	—	—
NOSE AND THROAT :				
Chronic Tonsilitis only	21	39	5	35
Adenoids only	1	2	—	2
Chronic Tonsilitis and Adenoids ..	6	—	11	4
Other conditions	15	4	4	3
Enlarged Cervical Glands (non-tuberculous)	—	3	—	4
Defective Speech	—	—	1	—
HEART AND CIRCULATION :				
Heart Diseases—Organic	—	22	1	34
Functional	2	6	—	1
Anaemia	1	1	—	2
LUNGS :				
Bronchitis	2	—	4	3
Other non-tuberculous diseases ..	6	2	1	2
TUBERCULOSIS :				
Pulmonary—				
Definite	—	—	—	—
Suspected	—	—	—	—
Non-pulmonary—				
Glands	—	1	—	1
Bones and Joints	—	1	—	1
Skin	—	—	—	—
Other forms	—	—	—	—
NERVOUS SYSTEM :				
Epilepsy	—	2	—	—
Chorea	—	—	—	—
Other conditions	3	1	—	2
DEFORMITIES :				
Rickets	—	1	—	—
Spinal Curvature	11	4	5	3
Other forms	28	11	15	15
Other Defects and Diseases	18	11	10	8

SECONDARY SCHOOLS.

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Combined Age-groups ..	2,493	357	14.32	2,074	83.19	61	2.45	1	0.04
Other Routine Inspections ..	—	—	—	—	—	—	—	—	—
Total ..	2,493	357	14.32	2,074	83.19	61	2.45	1	0.04

TABLE IV.

Return of Defects treated during the year ended 31st December, 1936.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN :			
Ringworm—Scalp	—	—	—
Body	—	—	—
Scabies	—	—	—
Impetigo	—	—	—
Other Skin Disease	—	3	3
Minor Eye Defects (External and other, but excluding cases falling in Group II.) ..	—	6	6
Minor Ear Defects	—	10	10
Miscellaneous (<i>e.g.</i> minor injuries, bruises, sores, chilblains. etc.)	—	2	2
Total ..	—	21	21

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including Squint) ..	42	65	107
Other defect or disease of the eyes (excluding those recorded in Group I.) ..	—	—	—
Total ..	42	65	107
No. of Children for whom spectacles were—			
(a) Prescribed	35	64	99
(b) Obtained	35	64	99

SECONDARY SCHOOLS.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.												Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	—	—	—	—	3	—	—	—	3	—	10	13

(i) Tonsils only.

(ii) Adenoids only.

(iii) Tonsils and Adenoids.

(iv) Other defects of the nose and throat.

AVERAGE HEIGHTS. (Secondary Schools).

Boys.

Girls.

Age Groups.	No. Measured.	Inches.	Centi- metres.	No. Measured.	Inches.	Centi- metres.
7-8 years ..	—	—	—	—	—	—
8-9 years ..	7	49·71	126·26	—	—	—
9-10 years ..	12	54·10	137·41	—	—	—
10-11 years ..	43	54·01	137·19	30	54·62	138·73
11-12 years ..	137	55·94	142·09	125	57·34	145·64
12-13 years ..	169	57·59	146·28	186	58·53	148·67
13-14 years ..	172	60·32	153·21	195	60·73	154·02
14-15 years ..	188	62·91	159·79	218	62·28	158·19
15-16 years ..	160	65·38	166·07	202	63·31	160·81
16-17 years ..	100	66·99	170·15	122	63·90	162·31
17-18 years ..	30	67·45	171·32	34	63·73	161·87
18-19 years ..	12	67·17	170·61	24	63·61	161·59

AVERAGE WEIGHTS. (Secondary Schools).

Boys.

Girls.

Age Groups.	No. Weighed.	Lbs.	Kilograms.	No. Weighed.	Lbs.	Kilograms.
7-8 years ..	—	—	—	—	—	—
8-9 years ..	7	58·46	26·52	—	—	—
9-10 years ..	12	67·48	30·69	—	—	—
10-11 years ..	43	70·05	31·77	30	70·62	32·03
11-12 years ..	137	77·40	35·11	125	79·23	35·94
12-13 years ..	169	84·26	38·22	186	88·41	40·11
13-14 years ..	172	94·03	42·65	195	98·00	44·45
14-15 years ..	188	107·03	48·55	218	107·15	48·60
15-16 years ..	160	120·31	54·57	202	114·83	52·09
16-17 years ..	100	129·68	58·82	122	118·14	53·59
17-18 years ..	30	136·13	61·75	34	122·24	55·45
18-19 years ..	12	136·98	62·13	24	124·35	56·40

